PRENATAL

HEALTH ASSESSMENT

Estimated delivery date: _____ Multifetal gestation? ☐ No ☐ Yes

Previous pregnancy end: ☐ No previous pregnancy ☐ Date _____

NUTRITION ASSESSMENT

During the assessment interview, probe deeper using open-ended questions: *Tell me more..., Explain more about..., How do you..., What are your thoughts about..., What has your medical provider recommended..., What has your experience been..., What have you heard about... What have you tried..., What has worked for you...*

Health/Medical

I am going to ask you some questions about your health. Then we will come back and address any concerns or questions that you may have. Is that all right with you?

1. How is your pregnancy going? _____
   Are you having any symptoms like nausea or vomiting?
   - ☐ No
   - ☐ Declined
   - ☐ Yes [301]

2. Tell me about any health or medical concerns you are currently having.
   - ☐ No concerns
   - ☐ Concerns (describe) _____

   [201, 302, 336, 341, 342, 343, 344, 345, 346, 347, 348, 349, 351, 352.1, 352.2, 353, 354, 356, 358, 359, 360, 361, 362, 381, 602]

3. Is this your first pregnancy?
   - ☐ Yes
   - ☐ No Number of pregnancies: _____
   - ☐ Declined

4. *(If first pregnancy, mark no complications and continue to next question)* Tell me about any complications or health problems you have had with any past pregnancies, such as gestational diabetes or high blood pressure.
   - ☐ No complications
   - ☐ Complications
     - ☐ 303: Hx Gestational Diabetes ☐ 304: Hx of Preeclampsia ☐ 311: Hx Preterm Delivery (≤ 37 wks)
     - ☐ 312: Hx Low Birth Weight ☐ 321: Fetal/Neonatal Loss ☐ 337: Hx Birth LGA Infant
     - ☐ 339: Hx Birth-Congenital Defect ☐ Other: _____ [303, 304, 311, 312, 321, 337, 339]

5. Have you seen a medical provider for this pregnancy?
   - ☐ No
   - ☐ Declined
   - ☐ Yes Clinic/Provider: _____Date of first appt _____Number of appts_____[334]

6. What medications are you currently taking?
   - ☐ None
   - ☐ List medications: _____ [357]

7. Do you have any dental problems that prevent you from eating some foods?
   - ☐ No
   - ☐ Declined
   - ☐ Yes (describe) _____ [381]

Lifestyle

We ask everyone the following questions. They have to do with health and safety.

1. Do you currently smoke?
   - ☐ No
   - ☐ Declined
   - ☐ Yes # of cigarettes/day: ___ [371]

2. Did you smoke in the 3 months before you were pregnant?
   - ☐ No
   - ☐ Declined
   - ☐ Yes # of cigarettes/day: ___

3. Does anyone living in your house smoke *inside* the home?
   - ☐ No
   - ☐ Declined
   - ☐ Yes [904]

4. Did you drink alcohol in the 3 months before you were pregnant?
   - ☐ No
   - ☐ Declined
   - ☐ Yes # of drinks/week: _____

5. Have you had alcohol since becoming pregnant?
   - ☐ No
   - ☐ Declined
   - ☐ Yes How much do you drink? _____ How often? _____ [372]

6. Have you used street drugs since your pregnancy began?
   - ☐ No
   - ☐ Declined
   - ☐ Yes (describe) _____ [372]

7. What kind of activity or exercise do you like to do on most days?

☐ Bike riding ☐ Dance ☐ Exercise class/gym ☐ Exercise DVD/video ☐ Jog/run
☐ Play outdoors with children ☐ Swim ☐ Walk ☐ Yoga ☐ Declined to answer ☐ Other

Frequency – times per week (opt.) _____ Length of time in minutes (opt.) _____

Nutrition/Health

I am going to ask you some questions about your diet. Then we will come back and address any concerns or questions that you may have. Is that all right with you?

1. Tell me about any changes you have made to your diet since becoming pregnant. Experiencing any cravings?
   ☐ No changes ☐ Changes (list any reasons to assign NRC 427) _____ [427.02, 427.05]

2. How has your appetite been? ☐ Excellent ☐ Good ☐ Fair ☐ Poor
   ☐ Other (describe) _____ [427.02]

3. Are you avoiding food for any reason, including food allergies? (*If yes*) Tell me more.
   ☐ No
   ☐ Declined
   ☐ Yes (describe) _____ [353, 355, 358, 362, 427.02, 902]

4. What foods do you typically eat? _____
   _____ [427.02, 427.05, 902]

5. What do you drink most days?
   ☐ Coffee ☐ Juice ☐ Kool-Aid/punch ☐ Soda: diet ☐ Soda: regular ☐ Sports drinks ☐ Tea ☐ Water
   ☐ Milk (*circle:* whole low fat skim lactose reduced/free goat raw soy) ☐ Other _____ [427.02, 427.05]

6. Do you regularly eat things other than food?
   ☐ No
   ☐ Declined
   ☐ Yes
      ☐ Dirt ☐ Clay ☐ Carpet fibers ☐ Dust ☐ Ashes ☐ Laundry starch
      ☐ Cigarette butts ☐ Paint chips ☐ Other [427.03]

7. Tell me about any vitamins, minerals, herbs or dietary supplements you are taking. (*If taking a prenatal vitamin*) What type of prenatal vitamin are you taking?
   ☐ None ☐ General vitamin/mineral supplement
   ☐ Children's vitamin/mineral supplement ☐ Iodine
   ☐ Folic acid supplement ☐ Iron
   ☐ Prenatal vitamin/mineral supplement, herb/dietary supplement or other: _____ [427.01, 427.04]

8. How do you plan to feed your baby?
   ☐ Breastfeeding ☐ Formula feeding ☐ Combination ☐ Other _____

9. Would you like to learn more about breastfeeding?
   ☐ No ☐ Declined ☐ Yes. Tell me more: _____
   [602]

10. During the last 6 months, have you run out of money to buy food?
    ☐ No
    ☐ Declined
    ☐ Yes (describe) _____ [427.02]

11. Given all we have talked about, what nutrition or health questions do you have today?
    ☐ No questions/concerns
    ☐ Questions/concerns

_____

USDA CODE	NUTRITION RISK CRITERIA	USDA CODE	NUTRITION RISK CRITERIA
101	UNDERWEIGHT (WOMEN)	351	INBORN ERRORS OF METABOLISM
111	OVERWEIGHT (WOMEN)	352.1	INFECTIOUS DISEASES - ACUTE
131	LOW MATERNAL WEIGHT GAIN	352.2	INFECTIOUS DISEASES - CHRONIC
132	MATERNAL WEIGHT LOSS DURING PREGNANCY	353	FOOD ALLERGIES
133	HIGH MATERNAL WEIGHT GAIN	354	CELIAC DISEASE
201	LOW HEMATOCRIT/LOW HEMOGLOBIN	355	LACTOSE INTOLERANCE
301	HYPEREMESIS GRAVIDARUM	356	HYPOGLYCEMIA
302	GESTATIONAL DIABETES	357	DRUG-NUTRIENT INTERACTIONS
303	HX OF GESTATIONAL DIABETES	358	EATING DISORDERS
304	HX OF PREECLAMPSIA	359	RECENT MAJOR SURGERY, PHYSICAL TRAUMA, BURNS
311	HX OF PRETERM DELIVERY	360	OTHER MEDICAL CONDITIONS
312	HX OF LOW BIRTH WEIGHT	361	DEPRESSION
321	HX OF SPONTANEOUS ABORTION, FETAL OR NEONATAL LOSS	362	DEVELOPMENTAL, SENSORY, MOTOR DISABILITIES INTERFERING W/ ABILITY TO EAT
331	PREGNANCY AT A YOUNG AGE	371	MATERNAL SMOKING
332	SHORT INTERPREGNANCY INTERVAL	372	ALCOHOL AND ILLEGAL DRUG USE
334	LACK OF OR INADEQUATE PRENATAL CARE	381	ORAL HEALTH CONDITIONS
335	MULTIFETAL GESTATION	401	FAILURE TO MEET DIETARY GUIDELINES FOR AMERICANS
336	FETAL GROWTH RESTRICTION	427	INAPPROPRIATE NUTRITION PRACTICES FOR WOMEN
337	HX OF BIRTH OF A LARGE FOR GESTATIONAL AGE INFANT	427.01	DIETARY SUPPLEMENTS W/ POTENTIALLY HARMFUL CONSEQUENCES
338	PREGNANT WOMAN CURRENTLY BREASTFEEDING	427.02	CONSUMING DIET LOW IN CALORIES/NUTRIENTS
339	HX OF BIRTH W/ NUTRITION RELATED CONGENITAL/BIRTH DEFECT	427.03	COMPULSIVELY INGESTING NON-FOOD ITEMS (PICA)
341	NUTRIENT DEFICIENCY DISEASES	427.04	INADEQUATE VITAMIN/MINERAL SUPPLEMENTATION
342	GASTRO-INTESTINAL DISORDERS	427.05	INGESTING FOODS THAT COULD BE CONTAMINATED
343	DIABETES MELLITUS	502	TRANSFER OF CERTIFICATION
344	THYROID DISORDERS	601	BREASTFEEDING MOTHER OF INFANT AT NUTRITIONAL RISK
345	HYPERTENSION (INCL CHRONIC/PREGNANCY INDUCED)	602	BREASTFEEDING COMPLICATIONS OR POTENTIAL COMPLICATIONS
346	RENAL DISEASE	801	HOMELESSNESS
347	CANCER	802	MIGRANCY
348	CENTRAL NERVOUS SYSTEM DISORDERS	902	LIMITED ABILITY TO MAKE FEEDING DECISIONS AND/OR PREPARE FOOD
349	GENETIC AND CONGENITAL DISORDERS	903	FOSTER CARE
		904	EXPOSURE TO ENVIRONMENTAL TOBACCO SMOKE